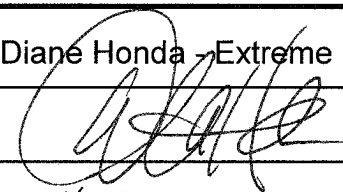


<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application No.	10/774,079
	Filing Date	February 6, 2004
	First Named Inventor	Shehzad T. Merchant
	Group Art Unit	2437
	Examiner Name	Jeffrey D. Popham
	Attorney Docket Number	2717P176

<b>I hereby revoke all previous powers of attorney given in the above-identified application:</b>	
<input type="checkbox"/> A Power of Attorney is submitted herewith. <b>OR</b> <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with Customer Number: <span style="border: 1px solid black; padding: 2px 10px;"><b>45220</b></span>	
<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to: <input checked="" type="checkbox"/> The address associated with Customer Number: <span style="border: 1px solid black; padding: 2px 10px;"><b>08791</b></span> <b>OR</b>	
<input type="checkbox"/> Firm or Individual Name	
Address	
Address	
City	State Zip Code
Country	Telephone Fax
I am the: <input type="checkbox"/> Applicant. <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under of 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	
<b>SIGNATURE of Applicant or Assignee of Record</b>	
Name	Diane Honda - Extreme Networks VP, General Counsel & Secretary
Signature	
Date	4.8.10.
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	
<input type="checkbox"/> *Total of _____ forms are submitted.	